

# DIRECT DEPOSIT SIGN-UP FORM (GERMANY)

## APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY MONTHLY BENEFITS BY DIRECT DEPOSIT

Please make any necessary changes in Section 1A and complete Sections 2 and 3. Ask your bank for help with Section 3 if you have questions. Sign the completed form and mail it in the envelope provided. We need this information to send your U.S. Social Security payments electronically to your euro account at a financial institution in Germany.

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| <b>SECTION 1</b> (If the address below is incorrect, or if it is your bank's address, please complete Section 1A.) | <b>SECTION 1A</b> (If the address in Section 1 is not your correct address, please print your correct mailing address below.) |
| Social Security Claim Number      Person Entitled to Payment   | <b>ADDRESS CHANGE</b>   |
|  |   |
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### SECTION 2

|   |             |   |             |
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| <b>PAYEE CERTIFICATION</b><br>I certify that I have read and understand the message that came with this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime. |             | <b>JOINT ACCOUNT HOLDER'S CERTIFICATION</b><br>I certify that I have read and understand the message that came with this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. |             |
| <b>YOUR SIGNATURE</b>   | <b>DATE</b> | <b>SIGNATURE</b>  | <b>DATE</b> |
| <b>YOUR DAYTIME TELEPHONE NUMBER</b>  |             | This account is:<br>_____ My own account.      _____ A joint account.   |             |

### SECTION 3 (Ask your bank for help if you have questions.) This must be a **euro** account.

|   |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| NAME OF BANK  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| BANK ADDRESS  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| BANK PHONE NUMBER   |  | TYPE OF ACCOUNT:<br>Current (Laufendes Konto) _____ Savings (Sparkonto) _____ |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
| BANK CODE NUMBER<br>(Bankleitzahl)  |  |   |  |  |  |  |  |  |  | ACCOUNT NUMBER<br>(Konto Nr.)   |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <span>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</span> <span>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</span> </div> |  |   |  |  |  |  |  |  |  | <div style="display: flex; justify-content: space-between;"> <span>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</span> <span>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</span> </div> |  |  |  |  |  |  |  |  |  |
| Signature of Bank Official  |  |   |  |  |  |  |  |  |  | Date  |  |  |  |  |  |  |  |  |  |

#### MAIL THE COMPLETED FORM TO:

American Consulate  
Office of American Services – FBU  
2 Rue St. Florentin  
75382 Paris Cedex 08

## IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments electronically to your German bank account.

### WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent through the German banking system. Local banking laws are observed. This means that your payment will be issued to your German bank account 1 or 2 days after the payment date in the U.S. With direct deposit, you will have immediate access to your money. This is the safest way of receiving your benefits.

### INFORMATION ABOUT CURRENCY CONVERSION

With direct deposit, your U.S. Social Security payment is automatically converted to euros at a good exchange rate a few days before it is deposited to your account. The exchange rate may not be exactly the same as the rate of exchange on the day you receive the payment.

### **\*\*SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS\*\***

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank and the Social Security Administration or the American Consulate General in Frankfurt. Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security.

### IF YOUR ADDRESS CHANGES

If your address changes, you **must** inform the Federal Benefits Unit at the American Consulate General or the Social Security Administration. If the Social Security Administration needs to contact you and cannot locate you, your payments may be stopped.

### CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify one of these offices:

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|---|--|---|
| American Consulate General<br>Federal Benefits Unit<br>Seismayerstrasse 21<br>60323 Frankfurt | Social Security Administration<br>Office of International Operations<br>PO Box 17769<br>Baltimore, MD 21235-7769 | International Treasury Services<br>Federal Reserve Bank of New York<br>E. Rutherford Oper. Ctr., 1 <sup>st</sup> Floor<br>100 Orchard Street<br>East Rutherford, NJ 07073<br>USA<br><i>[FRBNY is Social Security's agent for all International Direct Deposit.]</i> |
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You may need to fill out a new sign-up form. ***Do not close your old account until payments have started coming to your new account.***

### PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. Only comments relating to our time estimate should be provided, not the completed form.*